

QuickDASH Score

Patient Name: _____

Patient MRN: _____

Date: _____

Dominant Hand: R L Both (Circle One)

Affected Arm: R L (Circle One)

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
1. Open a tight or new jar.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
2. Do heavy household chores (e.g., wash walls, floors, etc.).	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
3. Carry a shopping bag or briefcase.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
4. Wash your back.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
5. Use a knife to cut food.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
6. Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, etc.).	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

	Not At All	Slightly	Moderately	Quite A Bit	Extremely
7. During the past week, to what extent has your arm, shoulder, or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

	Not Limited At All	Slightly Limited	Moderately Limited	Very Limited	Unable
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder, or hand problem?	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

	None	Mild	Moderate	Severe	Extreme
9. In the last week, please rate the severity of arm, shoulder, or hand pain.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5
10. In the last week, please rate the severity of tingling (pins and needles) in your arm, shoulder, or hand.	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Cannot Sleep
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> +4	<input type="checkbox"/> +5

Number of Completed Responses ('n'): _____ **Sum of 'n' Responses (55 points):** _____

QuickDASH Score = $\left(\left[\frac{\text{sum of } n \text{ responses}}{n} \right] - 1 \right) \times 25$, where n is the number of completed responses

Note: A QuickDash score can not be calculated if there is greater than 1 missing item.

QuickDASH Score (100 points): _____

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